the provisions ensuring affordable health coverage for those with pre-existing conditions.

AUTHORITY FOR COMMITTEES TO MEET

Mr. CORNYN. Mr. President, I have 2 requests for committees to meet during today's session of the Senate. They have the approval of the Majority and Minority leaders.

Pursuant to rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today's session of the Senate:

COMMITTEE ON THE JUDICIARY

The Committee on the Judiciary is authorized to meet during the session of the Senate on Tuesday, January 15, 2019, at 9:30 a.m., to conduct a hearing on the nomination of William Pelham Barr, of Virginia, to be Attorney General, Department of Justice.

SELECT COMMITTEE ON INTELLIGENCE

The Select Committee on Intelligence is authorized to meet during the session of the Senate on Tuesday, January 15, 2019, at 2:30 p.m., to conduct a closed hearing.

PRIVILEGES OF THE FLOOR

Mr. CASEY. I ask unanimous consent that Rahmon Ross of my staff be granted floor privileges for today's proceedings.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDERS FOR WEDNESDAY, JANUARY 16, 2019

Mr. MCCONNELL. Madam President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m., Wednesday, January 16; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate resume consideration of S.J. Res. 2, with the time until 12:30 p.m. equally divided between the two leaders or their designees; finally, notwithstanding the provisions of rule XXII, the cloture vote with respect to S.J. Res. 2 occur at 12:30 p.m., tomorrow, and if cloture is not invoked, S.J. Res. 2 be returned to the calendar.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDER FOR ADJOURNMENT

Mr. MCCONNELL. If there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of our Democratic colleagues.

The PRESIDING OFFICER. Without objection, it is so ordered.

The PRESIDING OFFICER. The Senator from Pennsylvania.

MEDICARE

Mr. CASEY. Madam President, I rise to talk about the Medicare Program and in particular a news story that came to our attention this past weekend.

This is the headline from a story dated January 11, late in the day, and it is by The Hill newspaper. You will not be able to see it from a distance, but the headline reads: ''Trump officials consider allowing Medicaid block grants for states.''

Here is what just the first two short paragraphs outline. The story begins as follows:

The Trump administration is considering moving forward with a major conservative change to Medicaid by allowing States to get block grants for the program, sources say.

Capping the amount of money that the federal government spends on the health insurance program for the poor through a block grant has long been a conservative goal. It was a controversial part of the ObamaCare repeal debate in 2017, with much of the public rallying against cuts to Medicaid.

After the failure of that repeal effort, the Trump administration is now considering issuing guidance to states encouraging them to apply for caps on federal Medicaid spending in exchange for additional flexibility on how they run the program, according to people familiar with the discussions.

I will not read the rest of the story, and I will not enter the whole story into the RECORD because folks can look it up, and there are other stories as well that cover this same news. So, in a sense, it is a big new development, but it is an old story.

It is an old story of Members of Congress and the administration coming together to try to make changes to the Medicaid Program. In this case, it differs only slightly in that, so far at least, this seems to be an initiative that is an administration-led initiative. We are not aware of any—as far as I know—congressional involvement, but it is not all that much different, right? It is the same thing.

We had a long debate in 2017 about whether we should not only repeal the Affordable Care Act but thereby do two things to Medicaid—one is to end over time Medicaid expansion, and second would be to have cuts to Medicaid that would result from this same idea, the so-called block granting of Medicaid.

I believe we litigated—if we can use that word in a legislative sense—that in 2017. The repeal bill did not pass the Senate in the summer of 2017. There were other attempts that didn't come to a vote on full repeal. Then we had an election in 2018. Healthcare was a major part of that debate, most of it centering on protections for pre-existing conditions and other consumer protections in the law.

If you look at the last 2 years, we had one-party rule in Washington—Republican President, House, and Senate. There were major efforts by the administration and by both majorities in the Houses of Congress to make substantial changes to Medicaid, and it did not happen. So failing all those attempts, now the administration, I would assume, is trying to do it secretively but, now exposed, wants to make changes to Medicaid by way of granting waivers and inviting States to, in essence, change Medicaid at the State level.

This initiative will not affect Pennsylvania—or it is highly unlikely to affect Pennsylvania in the near term. So this is about major parts of the country but not every State. It is a bad idea, in short order, because what this block granting means is benefits get cut.

It is very simple. When you cut a program that is focused on healthcare for low-income children, healthcare coverage for those with disabilities, children and adults, and helping seniors have the benefit of skilled care in a nursing home—that is another benefit of Medicaid—you are talking about benefits being cut over time. Maybe there will be more cuts in one State versus the other, depending upon the nature of the waiver and the particulars of the program in that State, but it is going to be cutting Medicaid. It is a bad idea, and I think the American people understand that, especially after the debate in 2017. It is a bad idea, and I think the American people understand that.

Maybe there are some folks who didn't really appreciate Medicaid; probably a lot of them in Washington didn't appreciate Medicaid before the 2017 and 2018 debates. Maybe there are folks who weren't paying attention for a lot of years and didn't realize the scope of Medicaid, didn't realize it covers 70 million Americans. I know that is why some Republican-elected officials in the Congress are very hostile to it; they think it covers too many people. But after 2017, those who were misinformed or had forgotten or just were never aware of the benefits of Medicaid got a real good reminder because of the debate we had. That was one positive outgrowth of that long and difficult debate on healthcare generally—the Affordable Care Act specifically—but also, by extension, Medicaid.

A proposal like this to block-grant Medicaid, which was proposed numerous times here in the Congress over the last couple of years, hurts basically those three groups of Americans. It hurts kids, hurts people with disabilities, and hurts our seniors.

I think the part of it that people tend to forget is that this program helps middle-class families as well. If you have a disability, your income might be higher than low income, but you get the benefit of Medicaid. A lot of middle-class families have a loved one in a nursing home who would not be able to afford that kind of long-term care without the benefit of Medicaid. A lot of those families are middle class.

When it comes to children, of course, it is for children from low-income families, but those children are getting

what many believe to be the gold standard for children's healthcare.

I like to say that in Pennsylvania, Medicaid is a 40–50–60 program. It is real simple: 40 percent of the kids in our State, thankfully, have the benefit of Medicaid; 50 percent of people with disabilities—roughly, about half of the people in our State with disabilities get the benefit of Medicaid. Thank goodness they do. Thirdly, 60 percent of people getting long-term care in Pennsylvania could not get it without the benefit of Medicaid.

In some States, the percentages might be higher or lower than that, but when you have a program that covers 40 percent of your children, 50 percent of your population with disabilities, and 60 percent of your seniors could get long-term care, which they need—those folks who have long-term care need it and have to have it. When you have that kind of program, which covers roughly 2 million people in Pennsylvania and 70 million nationwide, you are going to get the attention of a lot of people when you are messing with it. That is a technical term, ''messing with it.'' By saying, to some degree, under the cover of darkness—not having a debate on the floor of the House or the Senate but sending guidance to States, inviting them to apply for a waiver, and it takes a while to approve the waiver, then all of a sudden it comes out, and the waiver is granted—guess what. If you live in a State where that happens and you are on Medicaid, you might not have Medicaid a year from the waiver being granted—or 2 years or 5 years. At some point, you may be adversely affected by that. This is very serious business when it comes to those very vulnerable Americans.

In so many ways, Medicaid, like a lot of things we debate here—not only Medicaid, but Medicaid is one of many examples we could cite—tells us who we are as a nation. People around the world don't respect America simply because America has the strongest, best military. We have the best fighting men and women in the world; no one is even close. But there are a lot of nations that spend a lot on their military and have strong, fighting men and women; they have a strong military, and they are not respected like we are. Thank God we have a strong military and the strongest economy in the world. We are blessed by that.

But one of the other ways the world respects us is that they often conclude that we treat our own people better than some other places do. Medicaid, which is a 50-year-old program, is a program that tells us who we are as a nation, whom we value, and whom we are willing to fight on behalf of. It tells us a lot about who we are. America is great because we care deeply about those 70 million people who get the benefit of that program, just as we care deeply about other Americans who benefit or have a connection to our government.

Before any administration or any part of our government takes an action that will lead to the cutting back of a program like Medicaid—whether it is by way of legislation or by way of waiver or regulation—they need to hear from us.

I, for one, am willing to fight on this for a long time. If I do nothing else but fight this battle, sign me up because we are going to fight hard. I am not certain we will win, but I think we will win this battle. Medicaid tells us who we are. Why do I say that? Well, because we hear from families all the time.

I got a letter at the beginning of the debate in 2017 from a mom. Like a lot of Members of the Senate, you get a letter from a mom or a dad or a family member who sits down to put pen to paper—in a sense, to write you a letter or send you an email or to express what their lives will be like without a program, what their lives will be like if a change goes forward.

In this case it was Pam, a mom talking about her son Rowan. Rowan is on the autism spectrum. This mom talks about the prospect of not just learning that and what that meant to her and her family and the challenge of it, obviously, but also the benefits she received because of Medicaid—in Pennsylvania we call it Medical Assistance, or by the shorthand, MA.

I will not read the whole letter, but Pam talks about, in just one example of what Medicaid means, the wraparound services—all of the services that a child who has a disability gets, maybe on either the autism spectrum or a physical disability or maybe a child who has Down syndrome.

In this case, Rowan is on the autism spectrum. She talks about the behavioral specialist consultant and the therapeutic staff support work that helps her and the benefits of that and what that means to Pam, as a mom, and to her family—but also what it means to her son Rowan. She talks about Rowan benefiting ''immensely from a program called the Child Guidance Resource Center,'' which recently started a new program called the CREATE Program. It is a social skills program specifically for autistic children ages 3 to 21. She enrolled Rowan in that so-called CREATE Program.

She goes on to say: ''I am thrilled by Rowan's daily progress. I cannot say enough great things about this program.''

That program would not be part of the life of that family, absent Medicaid. That program would not be part of the life of that family in the instance where that family was living in a State that had been granted a waiver that allowed block grants that, thereby, allowed cuts that resulted in that family not getting that kind of service.

Thankfully, she is in a State where the Medicaid Program is strong and will be defended aggressively. But I don't want a Rowan in another State or a Pam—a mom in another State—not having the benefit that Rowan in Pennsylvania has and that Pam in Pennsylvania has.

Pam goes on to say: ''Without medical assistance, our family would be bankrupt or my son would go without the therapies he sincerely needs.''

At the end of the letter, she concludes by asking me, as her representative, to think about her family when we are debating these issues. She talks about her husband and her son Rowan first, and then she concludes the letter this way:

> Please think of my 9-month-old daughter, Luna, who smiles and laughs at her brother daily; she will have to care for Rowan late in her life after we are gone. Overall, we are desperately in need of Rowan's Medical Assistance and would be devastated if we lost these benefits.

That is what one mom said about the importance of Medicaid to that family.

My point in raising this issue—even though, thankfully, we have beaten back an effort to legislatively change the Medicaid Program for the worse, and we now have an administrative effort to undermine the program, but I raise this simply to say that family in America should not have to worry for 10 minutes about whether their government is going to continue those important benefits to their son or to their daughter, whatever the case may be. Maybe their mom is in a nursing home or maybe a neighbor has a son or a daughter who, because of income levels, is getting Medicaid. They shouldn't have to worry for 10 or 15 minutes about that because we are America. We made the decision 50 years ago—and it was a good decision—to take care of those families and to do everything we could.

Some days we will not get it right; some days we will make mistakes. But on most days, a program like that is helping lots of families, tens of millions of them, and the bureaucrats or the elected officials or the administration officials in Washington who seek to make changes that will adversely affect even one of those families has to look those families in the eye—or should look them in the eye—and tell them why that is good, not just for that family but why that is good for America. How is that going to help us?

I know what the argument will be. I hear it over and over again. They say that the program is unsustainable, right? We are not going to be able to afford this much Medicaid 10 years from now, 15 years from now, 25 years from now. Well, when they say ''unsustainable'' around here, I want to translate for you. That means they are not willing to make people of means pay for it. Let me say it bluntly: If we have to charge someone else who has a high income to preserve Medicaid, sign me up for that too.

Let's be very clear about this. This program is that important. I believe there are a lot of Americans of means—of high incomes—who would want to make sure this program is preserved. I know there are some politicians around here who are always talking about how you have to make sure that they have

low tax rates, but I think a lot of those Americans want to preserve the Medicaid Program, want to strengthen it, want to make changes that are appropriate, want to make it more efficient where we can, but there are a lot of Americans out there of great means who want this program preserved. So we have a lot of work to do to make sure we move in the right direction.

Let me make one or two more final points, and I will conclude.

One of the other questions is, What happens if a block grant proposal goes through nationwide but even in more limited instances?

Way back in November of 2016, one of the many organizations that track this kind of a program over time—the Medicaid Program or healthcare programs—issued a report. It has issued many of these reports, but here is just one for your consideration. The name of the organization is Center on Budget and Policy Priorities. It is here in Washington and has been around a long time. It was very helpful in the debate on healthcare and about the impact of various proposals.

Here is what the Center on Budget and Policy Priorities said in November of 2016. The date was November 30, 2016. In order to save some space, I will not read the whole report, and I will not enter it into the RECORD. People can look it up, right?

Here is the headline: ''Medicaid Block Grant Would Slash Federal Funding, Shift Costs to States, and Leave Millions More Uninsured.''

Here is what some of the headlines say in the report. The first one reads ''A block grant would cap Federal Medicaid funding in order to achieve savings for the Federal Government.'' That is what the proposal is intended to do.

No. 2, ''The likely magnitude of the Federal funding cuts and resulting cost-shift to States would be very large.''

No. 3, ''Such a block grant would push states to cut their Medicaid programs deeply.''

The last two are as follows: ''Medicaid is already efficient and innovative.'' That is true. We don't talk about that enough, but it is true.

The last headline is ''A Medicaid block grant would lead to draconian cuts to eligibility, benefits, and provider payment rates.'' What they didn't mention there is that cuts to Medicaid would also hurt a lot of hospitals, especially rural hospitals.

Here is the number from the House Republican budget plan for fiscal year 2017. We are going back now to the latter part of 2016. Here is what the report concludes, and this is in the instance of being implemented as law: ''It would have cut federal Medicaid funding by $1 trillion—or nearly 25 percent—over ten years, relative to current law, on top of the cuts the plan would secure from repealing the ACA's Medicaid expansion.''

I realize that number is bigger than what we are talking about here because we are talking about a number of States changing their Medicaid Programs because of a block granting waiver that was granted to that particular State, but I am not too concerned about the overall number because that is impossible to predict.

Even if just one State were to be granted this kind of a waiver in implemented block grants, a lot of people in that State would lose their Medicaid. I think we should be concerned if it were one person losing Medicaid because of that, let alone thousands or tens of thousands or hundreds of thousands or, in fact, millions. If block granting were to be granted for the whole country, you would be talking about double-figure millions losing that kind of coverage. Even if it were to be a much smaller number, we should be very concerned about this.

Here is another reason not to mess around with Medicaid in a way that adversely impacts people or undermines the program. I hear from a lot of politicians in Washington from both Houses and both parties. I think, in almost every instance—and there is probably an exception to this—they speak from their hearts and do truly care about what is happening in their communities and in their States because of the opioid crisis. It is everywhere. It is urban, rural, and suburban. It is everywhere, and it is devastating. We have never seen a public health problem like it in probably 100 years or at least not anything worse than it. It is a problem in Pennsylvania, and it is a problem in every State, as I am sure the Presiding Officer would agree. Yet here is the part they don't talk about. Sometimes the same people say, ''I really am worried about the opioid crisis, and I want to do the following to help people who are in the grip of that addiction, and I want to institute a program or provide funding or otherwise,'' and that is wonderful when they have that initiative. Yet sometimes those same Members of Congress, in the next breath, will say, ''But I want to block grant Medicaid'' or ''I want to cut or cap Medicaid'' or ''We need to cut back on what we spend on Medicaid,'' and they vote for budget after budget after budget and bill after bill to cut Medicaid.

What do you think is the No. 1 payer when it comes to the opioid crisis, the primary payer for opioid treatment and recovery? You guessed it—Medicaid.

If you are going to go down this road and talk about this program as if it were some far-off program for them, for someone else, you should look in the mirror because Medicaid is an ''us'' program, not a ''them'' program and not a program for someone far away. It is for our neighbors. It is for our friends if they have opioid addictions and can only get treatment and services mostly because of Medicaid expansion—actually, as part of the Affordable Care Act.

Medicaid itself, the core program, of course, is a program that makes sure that a child has healthcare. Even if he is of low income and his mom or his dad or the person taking care of him is not working and doesn't have employer coverage, he gets the benefit of Medicaid. Guess what. When that low-income child gets Medicaid, we all benefit. That child is more likely to grow up healthy, and he or she will be more productive and will be a stronger part of our economy. So Medicaid for low-income children or children from low-income families helps all of us. It doesn't just help that child. It is not just a nice thing to do. It is the right thing to do, but it is also very practical.

Medicaid helps people with disabilities whether they have profound disabilities or otherwise. They have to be eligible for it based upon their disabilities, but we have made a decision that that is a good thing to do for that individual and for society. The same is true of people making decisions about a loved one's going into long-term care and one's spending down one's assets, and there is usually a big gap after one spends down. Middle-class families—sometimes people above middle class—spend down. They can't afford the cost of nursing home care, and the State says and the Federal Government says: We want to help you.

That is why Medicaid is so critical to nursing homes. If you look at the dollars spent, it would not be entirely inaccurate to say that Medicaid is a nursing home program with help for children and people with disabilities as well.

I am just putting the administration on notice that if it wants to continue to pursue this, we are going to have a big fight about it, and it is a fight that will go on for a long time. It will go on in the courts. We will litigate it on this floor. We will litigate it in committees and fight about it in the House and in the Senate. We will fight in the streets of our States, and we will fight about it for a long time until we win because we have other things to do to lift people up around here. We have to do more on healthcare—lower the cost of healthcare, lower the cost of prescription drugs—and make sure that these programs work well. We don't have time for throwing millions of people off of healthcare or tens of millions off of healthcare. There is a broad, bipartisan consensus on a whole range of things we could do on healthcare. That is what we should work on.

The administration, if it is doing the right thing, would abandon these reckless, extreme ideas on Medicaid and join us—join both parties in both Houses—in trying to do something positive and constructive and American on healthcare. I don't think it is American to say to a child, ''Yes, you had Medicaid before, but we couldn't afford it. You are not going to have healthcare any longer'' or to say that to someone with a disability or to a senior.

If the administration wants to fight, we are going to be ready to fight, and

we will punch hard in that fight—figuratively speaking, of course. We will fight every minute of every day against this.

I yield the floor.

ADJOURNMENT UNTIL 10 A.M. TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 10 a.m. tomorrow.

Thereupon, the Senate, at 7:10 p.m., adjourned until Wednesday, January 16, 2019, at 10 a.m.

NOMINATIONS

Executive nominations received by the Senate:

IN THE AIR FORCE

THE FOLLOWING NAMED AIR NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE OF THE AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12212:

To be brigadier general

COL. FRANK A. RODMAN

IN THE ARMY

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be brigadier general

COL. EDWARD S. SMITH

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be major general

BRIG. GEN. ROBERT D. HARTER

THE FOLLOWING NAMED ARMY NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTIONS 12203 AND 12211:

To be brigadier general

COL. CHARLES M. SCHOENING

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADES INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be major general

BRIG. GEN. DAVID W. LING

To be brigadier general

COL. JOSEPH F. DZIEZYNSKI
COL. RODNEY J. FISCHER

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED UNDER ARTICLE II, SECTION 2, CLAUSE 2, OF THE UNITED STATES CONSTITUTION:

To be rear admiral

REAR ADM. (LH) RONNY L. JACKSON

IN THE MARINE CORPS

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES MARINE CORPS TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be brigadier general

COL. DAVID NATHANSON

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES MARINE CORPS RESERVE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be brigadier general

COL. LEONARD F. ANDERSON IV
COL. WILLIAM E. SOUZA III

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES MARINE CORPS TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be major general

BRIG. GEN. JULIAN D. ALFORD
BRIG. GEN. MICHAEL S. CEDERHOLM
BRIG. GEN. DENNIS A. CRALL
BRIG. GEN. KARSTEN S. HECKL
BRIG. GEN. WILLIAM M. JURNEY
BRIG. GEN. TRACY W. KING
BRIG. GEN. CHRISTOPHER J. MAHONEY
BRIG. GEN. GREGORY L. MASIELLO
BRIG. GEN. STEPHEN M. NEARY
BRIG. GEN. AUSTIN E. RENFORTH
BRIG. GEN. PAUL J. ROCK, JR.
BRIG. GEN. JOSEPH F. SHRADER
BRIG. GEN. STEPHEN D. SKLENKA

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES MARINE CORPS TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be brigadier general

COL. MARCUS B. ANNIBALE
COL. MELVIN G. CARTER
COL. ROBERT C. FULFORD
COL. DANIEL Q. GREENWOOD
COL. JOSEPH A. MATOS III
COL. JASON L. MORRIS
COL. THOMAS B. SAVAGE
COL. DANIEL L. SHIPLEY
COL. JAMES B. WELLONS
COL. BRIAN N. WOLFORD

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

SALEH P. DAGHER
JAMAHL K. EVANS
JOSE N. MIRELES
NEVILLE A. WELCH

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES MARINE CORPS UNDER TITLE 10, U.S.C., SECTION 624:

To be lieutenant colonel

RICO ACOSTA
AGUR S. ADAMS
BRIAN A. ADAMS
MICHAEL M. AHLSTROM
CLINT W. ALANIS
ANDREW J. ALISSANDRATOS
CHRISTOPHER D. ALVINO
MARY C. ANDERLONIS
KYLE J. ANDREWS
CHARLES E. ANKLAM III
PETER E. ANKNEY
ANDREW R. APETZ
WELLINGTON C. AQUINO
ROBERT C. ARBEGAST
RICHARD M. ARBOGAST
JAMES G. ARGENTINA, JR.
PHILLIP T. ASH
KELLY R. ATTWOOD
MICHAEL J. AUBRY
AARON M. AWTRY
DOUGLAS P. BAHRNS
GLENN P. BAKER
LUCAS A. BALKE
JOHN R. BALLENGER
JOSEPH N. BARKER
JONATHAN F. BARR
PAUL R. BARRON
MATTHEW D. BARTELS
ROBERT I. BASKINS
MATTHEW J. BAUMANN
ELDON W. BECK
MATTHEW J. BECK
JOSEPH C. BEGLEY
BEAU B. BELL
BRIDGET N. BEMIS
CASEY BENEFIELD
ERIN K. BERARD
JOHN T. BIDWELL
BENJAMIN L. BLANTON
MICHAEL A. BLEJSKI
STEPHEN J. BOADA
JONATHAN C. BODWELL
MATTHEW D. BOHMAN
THOMAS E. BOLEN, JR.
AUSTIN C. BONNER
ANNE M. BRADEN
BARRET F. BRADSTREET
JONATHAN H. BRANDT
JOSHUA A. BRINDEL
JOSHUA H. BRINGHURST
MATTHEW D. BRONSON
CHAD C. BROOKS
BRANDON D. BROWN
JOSEPH T. BUFFAMANTE
JOHN A. CACIOPPO
JEFFREY J. CAHILL
BRENT J. CANTRELL
JARRAD S. CAOLA
THOMAS W. CAREY
WAYNE A. CARR, JR.
BENJAMIN C. CARRUTHERS
ERIC A. CATTO
RYAN M. CAULDER
JONATHAN I. CHAIKEN
ROCKY L. CHECCA
NEAL J. CHERAMIE, JR.
RYAN E. CHRIST
MICHAEL E. CLARK
VANESSA M. CLARK
COLE M. CLEMENTS
JOSEPH E. CLEMMEY, JR.
RICHARD M. CLONINGER
THOMAS E. COGAN IV
JOSE I. COLUNGA
JASON M. CONDON
JONATHAN R. COOK
MATTHEW P. COOK
DAVID N. CORKILL
STEPHANIE L. COTHERN
ERIC P. CRECELIUS
PAUL L. CROOM II
NELS C. DAHLGARD
JOHN A. DALBY
ANDREW D. DAMBROGI
ROBERT G. DANIELS
BRAD A. DANKS
DANA M. DARNELL
PHILLIP A. DEEBLE
ANTHONY C. DELLACOSTA III
SUZANNE M. DEMPSEY
STEPHEN E. DETRINIS
CHRISTOPHER J. DETTLE
SETH E. DEWEY
PHILLIP D. DIBELLA
JOHN B. DICKENS
MICHAEL J. DONALDSON
ALEXANDER G. DOUVAS
MATTHEW A. DOWDEN
THADDEUS V. DRAKE, JR.
CHARLES R. DRENNAN
DOUGLAS I. DUFFIN
THOMAS J. DUNN
JOSEPH C. ELSEROAD
HAROLD J. EVERHART
NATASHA M. EVERLY
PATRICK J. FAHEY
ROBERT A. FAIRLEY
TIMOTHY J. FARAG
SCOTT C. FARRAR
THOMAS C. FARRINGTON II
JOHN L. FERRITER
BENJAMIN J. FIALA
DEREK A. FILIPE
CAMERON A. FITZSIMMONS
NATHAN A. FLEISCHAKER
JASON T. FORD
CHRISTOPHER J. FORSYTHE
LUCAS S. FRANK
MAX D. FRANK
GEOFFREY J. FRANKS
RYAN J. FRANZEN
TYLER A. FREEBURG
DUNCAN A. FRENCH
JAMES R. FRIEDLEIN
KENDRICK L. GAINES
CLAYTON D. GARD III
JASON M. GARZA
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